

Hope for severe cold hands

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Many people experience painful, numb cold hands as they go back and forth into wintry weather. Yet for some people cold, swollen, chapped hands may be a sign of blocked or constricted blood vessels. Most of these cases are a normal reaction to cold exposure and are easily treated. Yet, in some cases cold hand could be the first sign of a systemic autoimmune disease and very harmful if left untreated.

Cold hands may result from a number of disorders that can cause decreased [blood flow](#) to the hand and fingers. The University of Chicago Medical Center recently launched a Cold Hand Clinic to help diagnose and treat these maladies. It is one of a few such initiatives in the nation to offer a comprehensive, multi-disciplinary treatment approach by leveraging the combined expertise of a diverse physician team.

Hand surgeons, rheumatologists, hematologists, pulmonologists, cardiologists, radiologists and therapists collaboratively to provide comprehensive assessments and care plans for people with cold hand issues.

"No matter who you are, where you live, or your medical issues, everyone deserves to have warm hands," said Ginard Henry, MD, [plastic surgeon](#) and clinic co-director. "We can help alleviate the pain and discomfort of chronic cold hands in virtually all patients who seek our help."

Patients undergo a thorough medical assessment to diagnose the condition that causes their symptoms and educate them on the disease.

The medical center provides multimodality treatment including standard of care.

Many patients can be successfully treated with straightforward therapies including:

- Medications such as Viagra and Cialis to reduce the risk of blood clotting and improve blood flow through the hands and fingers, and antidepressants to help regulate pressure in the blood vessels
- Botox injections into the hand to relax muscles surrounding constricted blood vessels
- Behavioral counseling including appropriate skin care, wearing warm, protective gloves, healthy temperature regulation, biofeedback and smoking cessation -- all of which help many patients
- Hand therapy by occupational therapists certified in this specialty work collaboratively with physicians treating patients who experience pain, weakness, or develop hand and finger contractures that limit performing daily activities.

Surgery only solution for some

Yet for many, persistently cold, numb hands are signs of a more severe condition. Surgery is often the best option for complex cold hand diseases. Our physicians and reconstructive hand surgeons perform a range of advanced techniques to treat even the most complex vascular hand disorders.

"Hands that are chronically cold, painful or that turn abnormal colors can be an early sign of serious medical conditions," said Nadera J. Sweiss, MD, rheumatologist and clinic co-director. "Some of these problems like scleroderma, Sjogren's syndrome, lupus and Raynaud's disease have multiple associated issues beyond the hand. To get the most effective and comprehensive care, you need a team of specialists dedicated to

treating all the patient's needs and optimizing the patient's health."

Surgical treatment options include:

- Periarterial sympathectomy: a microsurgical technique used to separate the nerves and vessels in the forearm, palm or fingers; afterward, the vessels become larger, allowing increased blood flow through the hands and fingertips
- Aneurysm repair by inserting a stent to strengthen a weak blood vessel, or aneurysm removal followed by replacement with a graft of healthy vascular tissue
- Thrombectomy: blood clot removal using microsurgery techniques
- Vascular bypass: a procedure that redirects blood flow around an obstructed segment of the blood vessel
- Soft tissue reconstruction: for highly complex cases involving severe blood loss or dead tissue (gangrene, necrosis), our hand surgeons may perform surgery using artificial tissue or tissue from a human or animal donor, or skin tissue from elsewhere in the patient's body

Lise Stec is one patient for whom soft tissue reconstruction was the only solution. Diagnosed with scleroderma and Raynaud's about 20 years ago, Stec last spring started developing ulcers on her fingertips, which then lost sensation and turned a deep shade of purple. After three days as an inpatient, she was discharged with some improvement.

Later gangrene set in and she had to undergo digital sympathectomy, and then saw Sweiss and Henry, who suggested a series of surgeries to remove the dead skin, performed a skin transplant then injected her hand with growth hormones. Finally this summer Stec had some relief. "My doctors were so excited to see my hand healing that they jumped up and down in elation," said Stec. "My son said it well when he wrote 'Her hand looks real again. It's real flesh-colored skin. She's not scared of it any more. She's conquered it. What was a hand that weakened her is now

just a weakened hand that she strengthens more and more each day."

Provided by University of Chicago

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